Notice of Privacy Practices for Protected Health Information

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices ("Notice") is provided to you as a requirement of the Health Information Portability and Accountability Act ("HIPAA"). We are required by law to follow the terms of this Notice, Effective Date on or after May 21, 2021.

We can use and disclose your health information for the purposes described in this Notice. Usually, we will obtain your consent or authorization to use or disclose your health information for purposes other than treatment, payment, or healthcare operations, except as described below.

If you have questions about this Notice, or you believe your privacy rights have been violated, you may contact the LCMC Health Privacy Officer or the LCMC Health Department of Civil Rights. You can ask us to change your PHI. At your request, we will make a good faith effort to change information that you believe is incorrect or incomplete. We may deny your request if it would likely violate the law or our rights.

Right to file a complaint. You have the right to file a complaint with us or to the United States Department of Health & Human Services Office of Civil Rights if you believe that we have violated your privacy rights. To file a complaint, you may contact the LCMC Health Compliance Department at the number listed below, or write to the following address:

Office of Civil Rights
LCMC Health
2000 Centennial Drive
New Orleans, LA 70178
504-896-3030

You will not be penalized or otherwise retaliated against for filing a complaint.

Right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian or court appointed proxy, you can ask them to sign this Notice and talk to them about your medical information.

This Notice is effective July 1, 2019.